

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/566410

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6	1					
7		1				
8		1				
9		2				
10		2				
11		1				
12		1				
13		1				
14		1				
15		1				
16	1					
17		1				
18		1				
19		1				
20		4				
21		4				
22	1					
23	1					
24	1					
25	1					
26	1					
27	1					
28		0				
29		0				
30		0				
31		0				
32		0				
33	1					
34		0				
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50						
TOTAL IND.	10					
TOTAL DEP.	41					
TOTAL CLAIMS	51					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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